

## BOROUGH OF CONSHOHOCKEN PEDDLING & SOLICITING LICENSE APPLICATION

## APPLICATION REQUIREMENTS - Ordinance No. 4-2013

- A written application completed in its entirety with all required documents attached upon submission. Any omissions will result in a denial. Each staff member must also fill out and sign an individual application
- Two photographs, (2" x 3" minimum) taken within six (6) months prior to date of application
- A Certificate of Automobile Liability Coverage
- A Criminal History Check by Pennsylvania State Police within the past 30 days. For more details visit: http://.psp.state.pa.us or https://.epatch.state.pa.us/Home.jsp
- \$100 fee (check or cash only) for a Soliciting Permit
- Four (4) licenses per month may be issued. Application may be made on the first business day of each month on a first come first basis.
- Soliciting Permits are valid for 30 days from the date of issue.
- Hours for Peddling and Soliciting is 10:00AM until 7:00PM Monday thru Friday
- License may not be transferred from one person to another. One licensee will be permitted per person.
- PLEASE NOTE: This License is limited to the BOROUGH OF CONSHOHOCKEN <u>ONLY</u>. Plymouth Township, Whitemarsh Township, and West Conshohocken Borough are not included.

Name:		Sex:	M	F
Date of Birth:	_ Social Security #:			
Home Address:				
Home Phone:	Cell Phone:			
Email:	Business Phone:			
Business Name:				
Business Address:				
Business ID#:	Sales Tax ID #:			
Montgomery County Vendor License #:				
Items/Food to Be Sold:				

Vehicle Information:				
If using a vehicle, please list t	ne following:			
Make:	_	Model:		
License #:				
Have you ever been convicted				
If yes, please explain below:				
Applicant confirms that he/sh criminal record check will be p 2013 and that they agree to corthat they will comply with all c 2006 concerning parking prohi	e has not commer erformed. App aply with the te of other Ordinar	itted crimes of any cla dicant agrees that they erms and conditions of	have received a copy of the Ordinance. Applica	nds that a f Ordinance 4- ant also agrees
Applicant Signature:			Date:	
Each staff member must also				
	FOR (	OFFICE USE ONLY	:	
Certificate of Automobile Liab	lity Coverage:	Photo	I.D. copy attached:	
Date of Background Check:	Rev	viewed By:		
Background Check attached:				
ee Paid: Permit # I	sued:	Effective Date:	Expiration Da	te:
Borough Manager or his/her Do	signee Signatu	ıre:		
	5 0			Revised 7/25/20